



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State Procurement Services.

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:		Department of Professional and Financial Regulation		
Department Contract Administrator or Grant Coordinator:		Robert Carey		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 10,000.00	Advantage CT / RQS #:	20241030 1123
CONTRACT	Proposed Start Date:	10/15/2024	Proposed End Date:	6/30/2025
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Catherine Kidman DBA Cathy Kidman Consulting 43 Sylvan Road South Portland, ME 04106		
Brief Description of Goods/Services/Grant:		Strategic Management Assistance.		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

### PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The purpose of this Contract is to provide the MBOI with strategic management assistance.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Provider uniquely identifies and leads through adaptive challenges which is the base of Provider's practice.

Core areas of consulting practice include:

Executive Transitions – organizational preparation, search, and onboarding

Organizational Assessment and Strategic Directions – identifying organizational strengths, addressing challenges, and defining strategy

Managing Transitions – developing organizational leadership to navigate thorny cultural change

Leadership Coaching – strengthening executive muscle to effectively mobilize people to face reality

Based in primarily in Maine, Provider's work has spanned the public, private, and nonprofit sectors. Specific projects include: internal organizational development consulting and executive coaching with Hannaford Brothers/Delhaize America; external consulting for nonprofit, public, and private organizations of all sizes; interim executive leadership for several organizations; adjunct faculty for Boston College Graduate School of Social Work.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Provider's project service rate is notably less than other consulting firms.

4. Describe the plan for future competition for the goods or services.

No future plans at this time. The MBOI anticipates this to be a nonrecurring consulting project.

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

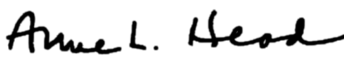

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Anne L. Head	Date:	11/ 12 /2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>7B0189231C9846A...</small>		
Typed Name:	Joan Bo1duc	Date:	11/21/2024